

1902

THE CALIFORNIA MEDICAL JOURNAL

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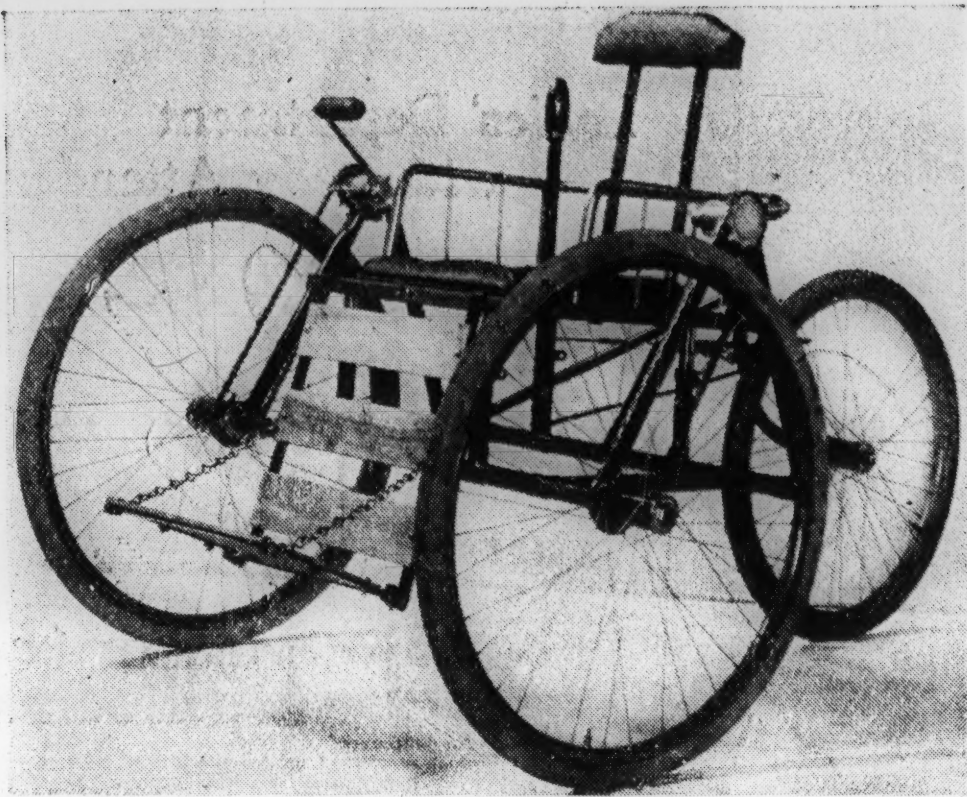
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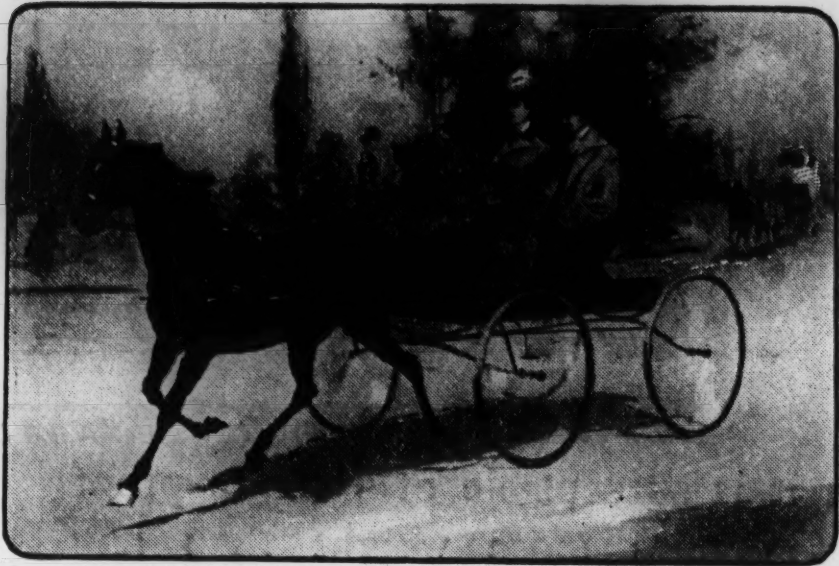
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CALIFORNIA MEDICAL JOURNAL.

Vol. XXIII.

FEBRUARY, 1902.

No. 2.

Indigenous Remedies.

JOHN FEARN, M. D., OAKLAND, CAL.

I WAS pleased to see in December Journal the article of G. W. Harvey, M. D., on "Daucus Pusillus." It will be remembered by Journal readers that some years ago I read a paper at our State Society on this same plant, and it was afterwards printed in the Journal. I did not see the article of Dr. Shipley in October Journal, being away from home the Journal went astray—so I lost it.

I can, from some experience with the plant and from what I gather from others, substantiate much that Dr. Harvey says about its value; and I know in domestic practice it has long been held in very high esteem. But in the case where the Dr. used it to expel the contents of the uterus I am not surprised that he was dumbfounded. I know in cases of painful menstruation the hot infusion can be used with great advantage. But if you could always depend upon it to do such work as the Dr. saw done on that occasion, it would be a much sought for plant, both by the profession and the laity. The plant I used came from somewhere

in the neighborhood of Livermore. I have no knowledge of it growing in this immediate part of the country, and the only reason I have not pushed my investigation with it has been my inability to get the herb; in California the business of herb gathering is not followed as it is in countries longer settled, and therefore herbs peculiar to the State can seldom be procured except the physician gathers them himself.

Those of our physicians who live in the country who have even but a little knowledge of systematic botany will be surprised at the richness of the medical flora which can be found all over the coast; and in almost every neighborhood there is someone who can name any plant for you.

I have been delighted in my travels around the bay and amongst the foothills to find peering up from the ground plants that I have known, and whose medical properties I have been familiar with ever since boyhood. And going up from foothills to the Sierras, up to 6000 or 7000 feet above sea-level

I have renewed my acquaintance with these plants of the long ago. And as I have admired their foliage and flowers, and breathed in their aroma, it has seemed like renewing acquaintance with old friends. If our physicians would emulate the example of Drs. Shipley and Harvey, get acquainted with the medicinal plants of their neighborhood, being sure to gather the folklore connected with them; then test them in their practice. Afterward send their experience to the journals. We should add to the sum of practical therapeutics a vast amount of valuable knowledge. That would pay both Dr. and patient better than it does to fool with so many of the high-priced synthetic remedies.

Besides, a little office pharmacy on the lines laid down by Prof. Scudder will be a good occupation for most physicians in times when they are not driven with business. If you ask whether it pays, I say without hesitation it pays the best kind.

Let me call your attention to only a few plants which are pretty well scattered over California; a restudy of any one or all of which will be helpful to any physician. *Achillea Millefolium* (yarrow) comes to us with a good reputation from the ancients, and which in fevers, lung troubles, kidney and bladder difficulties I have many times proved invaluable wherever you want to improve circulation, relieve congestion and produce diaphoresis. It is powerful and safe; as a diaphoretic it can be given where *Pilocarpus Pinnatifolium* would kill as a cardiac depressant.

Marnbuim Vulgare (hoarhound), a remedy used by our grandmother, but none the worse for that—try it in tincture, infusion or syrup, in asthma, bronchitis, chronic coughs and consumption; it will help more cases than Koch's tuberculin, and do more for your patients than the more expensive hypophosphites. Read what Bloyer says about this old favorite in the last number of *E. M. Journal*, and he does not praise it too much.

What disciple of King does not believe in spikenard. I never saw finer than what I have seen growing in the ravines back of Oakland.

But space will not permit me to speak of the virtue of all our indigenous remedies. Let me call a few by name:

Leontodon taraxacum, dandelion. *Verbascum thapsus*, mullein. *Veratrum alb*, white hellebore. *Scrophularia nordosa*, figwort. *Grindelia*, several varieties. *Berberis aquifolium*, mountain grape. *Eriodictyon glutinosum*, Yerba Santa. *Rhamnus Californica*, California cascara.

Speaking of this last, as our physicians well know, it is a very valuable remedy. A little while ago while travelling in the lower part of Eldorado County, this State, I saw this shrub growing in the greatest profusion; and I am surprised our physicians do not make more use of it. I believe in many cases it is superior to the *Rhamnus Purshiana*. But I must conclude, and if these few lines shall stimulate any of our physicians to a restudy of any of these old-time favorites, I shall feel that the time spent on this paper has not been lost.

Pulsatilla—Staphysagria.

FINLEY ELLINGWOOD, M. D., CHICAGO, ILL.

PULSATILLA, used specifically, is a better remedy than many of our physicians believe it to be. Dr. Currier has a very excellent article in the *National Transactions* of this year, on the subject. We reproduce the indications for the remedy which we have previously published in order that they may be impressed upon the minds of those who are not familiar with it. It is especially applicable to that female patient whose mind seems to be influenced by disease. The patient is morbidly despondent; is easily moved to tears; has deep sighing respiration; moans and cries in her sleep; is dejected; can give no cause for her mental depression. Whatever the disease, pulsatilla should be given to such a patient in small doses. It will be especially servicable, if with these mental symptoms there is debility or general feebleness with nervous headaches, with suppression of the menses or irregular menstruation, or if there be chilliness with menstruation. These phenomena will yield rapidly if ignatia be given alternately with pulsatilla.

In those cases where there is disorder of the stomach, where there is irritation and nausea or greasy taste in the mouth, where there is suppression of the menses in anemic girls, with general nervous irritation, the agent should be given as it regulates many cases of tardy or scanty menstruation. If the condition depends

upon faulty metabolism or depraved blood, the proper restoratives should be given at the same time.

The following indications have been given as those which will be promptly met by staphysagria: Chronic diseases where there is persistent weariness with stiffness in the joints. Where there is a feeling of soreness in the shoulders, in the back, or across the hips. Where the muscles of the back or of the legs seem as if bruised and painful or tired; the patient constantly inclined to lie down. There will usually be a fullness of the capillary circulation of the tissues which appear engorged and relaxed and congested. This is especially true of the tissues, of the perineal or pelvic regions. Mentally the patient is peevish and melancholy, with disinclination to work and may become irritable and violent or destructive. It is often the case that these phenomena are present where there is disease of the pelvic or genitourinary organs, and whatever the disease, staphysagria in small doses persistently given, either alone or in combination with other indicated remedies, will greatly promote the cure.

Staphysagria is a valuable remedy in other conditions of the genitourinary apparatus. I do not fail to prescribe it where there is chronic hypertrophy of the prostate gland, with irritation of this gland and irrita-

tion of the urethra or of the bladder, with inclination to frequent urination; where there is urination of only a small quantity of urine with straining and bearing down and no satisfactory condition following, especially present in old men.

In chronic cystitis with incontinence of urine or frequent urination of scanty urine, dark colored and strongly acid, this agent is desirable. Where there is irritability of the seminal vessels with nocturnal emissions, with drawing or tearing pain in the testicles. Sometimes in middle-aged men where they

are observing the first evidences of impotency, this remedy will be found valuable. Some of our physicians advise it in the treatment of amenorrhea and dysmenorrhea where hysteria or hypochondriasis are present. Another physician says, that where there are eye troubles due to disease of the nervous system, such as floating spots before the eyes, or lack of secretions in the glands of the lids; where there are abnormal growths, as little tumors on margins of the lids, this remedy, in small doses frequently repeated, will prove curative.

Curious Growth of Vegetation.

G. P. BISSELL, M. D., WOODS, ORE.

THREE or four years ago I described a tree that had sent out a feeder thirty or forty feet to a spring, into which it dipped and ended in finger-like extremities.

In that connection I asked: Does matter think? The subject caused some discussion.

My purpose now is to give description of another curious growth of vegetation. A tree, slightly more than a foot in diameter seems to have been prostrated and to have died and decayed to near the roots, leaving but a hollow prostrate stump which retained life in the bark and sap wood. This stump lies distant, by actual measurement, $7\frac{1}{2}$ feet from a large tree which has lately been cut for lumber.

Now this stump sent out two feeders

to the tree, the largest of which is in its smallest diameter, $4\frac{1}{2}$ inches, both of which ingrafted themselves into the larger tree, and enabled the stump to maintain a parasitic life and heal over the scar caused by the broken and decayed upper portion. Both trees are spruce. I shall take pains to preserve them as long as the climate will permit, so that they may be viewed by the curious. A mere inspection convinces every one that the smaller tree tapped the larger one, and not vice versa.

I have a neighbor who, wishing better varieties of fruit, grafted his orchard. Every one who sees those grafts growing knows that they are the result of care and thought of the grafter. What will those same persons

say of the operations of the spruce tree? Does matter think? Once more I say I preserve that curiosity for inspection. There is another matter to which I wish to call attention.

I have been here now five years in a sparsely settled country along the sea coast. During those five years I have known of seven cases of cancer, three of which I saw and diagnosed as such. Of those seven, two were in men and five in women. Five origin-

ated here; the two other cases had been operated on, and they came to this locality; soon after, the growth returned.

Somebody says that cancer is a fungus derived from trees. The forest is not far from any of these cases, neither is the sea shore. Have either or both any connection with the disease? Let him who knows answer. I merely state the fact of its prevalence here.

Therapeutic Consistency.

G. W. HARVEY, M. D., WATSONVILLE, CAL.

IT is a broad jump that Dr. Cooper takes in the December *Gleaner*, from the consistent aphorism: "food is food, and medicine is medicine," to the inconsistent one that elements or salts found ordinarily in our food, cannot be medicine because we eat them daily. The point that he is driving at of course is the right one: that salts nor other medicines cure by supplying deficiencies or lack, but having made his point he should endeavor to show how medicines, whether salts or tinctures do cure. It is plain to any man who thinks that no substance ever given as medicine can cure by virtue of an aggregate assimilation, for a boy can see that the 125/1000 of a grain of lime given in a half ounce of sugar of milk in the course of three weeks or a month, could never supply the system with the five to fifteen pounds of added flesh that the body puts

on during that time in some instances. I have contended publically for a good long time that "medicine can never be a food in the sense of supplying a deficiency in the body, and that food can never be a medicine except by virtue of supplying pabulum required by the system to supply waste, rebuild and strengthen the body."

I contend that medicines act wholly by virtue of their power to impress and govern the central nerve centers that operate the physiological functions of every separate and aggregate set of cells in the human system. There is positive physiological proof that medicines act through the efferent system of nerves, consequently they act from the brain centers and not from the stomach as has been supposed heretofore. When the efferent nerves are severed no drugs nor medicines can be made to act. (p. 665 Flint's Phys.,

3rd edition.) Having proved this point we are in a position to state the second fact: That nothing which enters the system and keeps it in repair by virtue of its food properties and assimilation can be a medicine in any sense of the word; but these same substances may, by solution, dilution, decoction, tincture, trituration, pulverization, etc., to a point where the nervous system can utilize them, become potent and useful medicines in so far that all manner of diseases may be cured by them. Medicines compel the governing brain centers to increase or decrease the supply of material assimilated or eliminated, as the case may be, to the point where normal nutrition exists, and by doing this cures diseases and sicknesses and promotes normal bodily health.

To illustrate my meaning we will take a case of anasarca. Here we have water stored up in the body by the keg. I give the indicated remedy and, presto! water comes pouring out of the body by way of the alvine and urinary excretories in astonishing quantities. What has caused this marvelous

change? Has the few drops of medicine that I have given acted as an emetic or as a hydraulic press upon every cavity and tissue of the body? Never! It has gone direct to the nerve center in the brain which controls the distribution of water in the system and gives it a lively shake up. It may have been on a strike, or possibly asleep, at any rate it has not been doing its duty. But when the medicine comes along and puts it to working lively, messages are sent out over the efferent nerves to open up the flood-gates and let out that dammed up water, and almost instantly every tissue obeys orders, and before many hours water is moving lively, nor does it stop so long as medicine remains in power, which will be, if properly given, until normal health is established. A few drops of medicine can not puke the body cavities and tissues free of water, neither can it compress or squeeze them dry, but it can so influence the nerve center which controls the supply of water in the system that a normal state of physiological affairs will be brought about.

The Treatment of Pneumonia in Children.

BY GEORGINA GROTHAN, M. D., ST. PAUL, NEB.

Read before the Nebraska State Medical Society, Lincoln, Neb.

THIS subject has been chosen on account of the frequency of this disease and the often lamentable outcome due to its mismanagement. Not that the treatment of acute croupous

pneumonia in children should differ strikingly from that in adults, but its diagnosis and termination have their own distinct characteristics.

This paper for practical purposes,

as it concerns itself mostly with treatment, will make no special distinction between acute broncho and croupous pneumonia, remembering that during the first two years the great majority of cases, or 75 per cent. according to Holt, of primary pneumonia is catarrhal, as also are secondary pneumonia following the infectious diseases throughout childhood. However, it has seemed that la grippe is an exception to this rule. After this disease most of the cases have been of the croupous variety; we find this, too, in the majority of primary cases after the age of three years. While the two forms of inflammation are separate and distinct, yet there are seen many cases which partake of the characters of both, and it is with difficulty that they may be classified. It is frequently seen that both varieties may be present in the same case at the same time. These mixed forms are observed during the second and third years, but after that and during the first year the types are more distinct and well marked. Throughout the latter part of winter and during the spring months, especially April, this disease is so frequent that when called to see a child suffering from high fever and rapid respirations, it is well to suspect pneumonia, altogether it must be understood that very little catarrhal affection of the respiratory tract should not be considered as such. During this time of year, when a child suffers from one or more convulsions, we should not be in too great haste to assure the parents that the child will be all right the next day, after administering an

emetic and a purgative, but rather warn them that convulsions are very frequently the beginning of pneumonia, which may not manifest itself markedly for from twenty-four to seventy-two hours. Chills or even a cold state, are seldom present in children as the initiatory symptoms of the disease, but, on the other hand, gastro-intestinal disturbances are frequently observed, especially in infants. Sometimes tenderness over the abdomen and diarrhea, but more often nausea and vomiting, are the first indications of the disease. Cerebral symptoms, as before mentioned, are marked in many cases, more especially in lobar, less so in broncho-pneumonia. Late convulsions are more frequent in the latter disease, especially those cases complicating pertussis. Often the cerebral symptoms are so prominent that the child is treated for meningitis throughout the whole course of the disease without the true nature of the malady even being suspected.

We cannot in children as in adults, depend largely upon physical signs and symptoms for diagnosis, especially in the beginning; even cough may be slight or absent, in this respect resembling the pneumonia of old age. From this it is seen that we must depend largely, for diagnostic purposes, upon exclusion and generalization, rather than rely upon pathogomonic characteristics.

As to treatment of pneumonia in children, the first thing we should learn is to avoid too much medication thereby lessening the patient's chances of recovery. For the sake of better

understanding what we wish to accomplish it may be well to classify the treatment under different headings. The hygienic treatment is of first importance, although it almost invariably receives too little attention both from the physician and the attendants. While very little can be done for the disease, much can be done for the patient in the way of hygiene and careful nursing, many mild cases requiring no other treatment. The child should of course be placed in a large, well ventilated room where he does not come in contact with drafts and cold damp air. The patient should be kept in bed, no matter how mild the case. It is the practice of well meaning friends and curious neighbors to crowd the sick room, but as the patient needs all the oxygen that can be procured, this unnecessary vitiation of the air should positively be prohibited. One attendant is amply sufficient, and when not engaged, that one may better be in an adjoining room where the patient can be watched. A frequent change of position is necessary, no child being allowed to lie for any great length of time on the back; the bedclothing should be warm but light.

As to local applications, if there is considerable pain in the beginning, it may often be relieved by the application of mustard paste, but later in the disease it has been our practice to apply a flannel fitting well around the chest, saturated with equal parts of turpentine and lard, once or twice a day, and we have had no reason to regret the use of this simple remedy. Over this flannel should be placed a

cotton jacket, covered with oil silk or some impervious material. Some of the textbooks, and even modern ones, recommend the application of hot flaxseed poultices. This practice must be looked upon as a relic which should long since have fallen into disuse, and especially so when such applications are made continuously.

During the first twenty-four or forty-eight hours, but a small quantity of food, if any, should be taken. Indeed, throughout the disease, less food and more water should be given. In many cases the food should be diluted and partly digested. This, too, must be given at regular intervals, never oftener than two hours, usually three to four hours apart. Milk is the best food, when it can be taken. In regard to medicinal treatment, certain fixed indications are required, and can usually be depended upon. In the first place it is well to remember that a number of very mild cases require very little medicine beyond cleaning out of the gastro-intestinal tract and the maintenance of excretions.

The temperature, so long as it does not exceed $103\frac{1}{2}$ or 104° has but little or no bad effect upon the patient and needs no special attention. Should, however, hyperpyrexia be a feature, that is, a temperature of 105° or over, it is best controlled by the application of cold to the head, and cold sponging, generally avoiding the application of water to the chest. In this day of coal-tar products their use in pneumonia cannot be too strongly condemned, and they are, to my mind, responsible for the majority of deaths occurring

from primary pneumonia. This class of drugs interferes with oxygination and elimination, produces fatty degeneration and granular cell destruction. This, together with their depressing effect upon every vital function, should place these antipyretics beyond the thought of administration in pneumonia.

When a case of pneumonia is seen early, the gastro-intestinal tract needs our first attention. This is best cleared out with small doses of mild chloride associated with an intestinal antiseptic, of which guaiacol carbonate is perhaps the best. In a disease of general infection like pneumonia, thorough elimination and enteric antiseptics are of primary importance. For this purpose two remedies may and should be continued until recovery is well at hand. Salicylate of sodium, in rather small doses every two hours, for its cholagogue and antiseptic effect, and aromatic fluid extract of cascara sagrada, are the two drugs to which we refer. Over twelve hours should not pass without a free bowel evacuation. The use of normal salt enemata once or twice a day should not be neglected if bowels become sluggish in action.

The kidneys are next in importance. The irritation of these organs by concentrated urine loaded with toxins must be prevented by the free use of liquids and the administration of a non-objectionable diuretic. Here we have liquor ammonium acetatis, slightly alkaline, made fresh daily, and good doses given every two hours. This is the remedy par excellence, and will never disappoint those who employ it.

Spiritus etheris nitrosi is also sometimes indicated. Stimulants should in all cases be given from the first; or rather, the stimulant, which is strychnia sulphate, must be given first, last, and all the time, in rather small doses. To a child one year old 1-300 grain is administered every three or four hours, and oftener for a short period if needed. Later in the disease alcohol may possibly be combined with strychnia to bridge the patient over for a short time, but if strychnia has not been neglected, this will scarcely be necessary.

As for direct cardiac and respiratory stimulants, these, as a rule, are not needed. Should indications for their use be manifest reliable preparations of digitalis for the former and belladonna or atropia for the latter are about the only remedies of any avail.

Sudden cases of general collapse, which are apt to come on at any time in broncho-pneumonia, may be successfully combatted by the use of strychnia and nitroglycerine hypodermatically. Sometimes nitrite of amyl for its almost instantaneous effect and the continuous use of inhalation of oxygen are indicated. The hot mustard bath is valuable in those cases of cardiac or respiratory failure with cyanosis, cold surface, rapid pulse, respiration, and extreme nervousness. The child is placed in the bath at a temperature of 100° F, and the temperature gradually raised to 105° or 110°, if desired. The bath should usually not be continued longer than ten minutes and repeated in an hour if thought necessary.

To combat nervous irritability and sleeplessness, the application of cold will suffice, even if temperature is not very high. Nervous symptoms may arise in the latter part of the disease from want of nourishment or from toxemia. In a case recently under my care two convulsions occurred after the temperature had become normal; patient had not regained consciousness and pulse was rapid and feeble. He was given bromide and chloral by rectal injection and placed in a hot mustard bath, which latter produced an almost immediate effect.

Although late convulsions are an unfavorable symptom, indicating as they do, toxemia, exhaustion, or the beginning of meningitis, this patient now is in a fair way to recovery.

For sleeplessness large doses of sodium bromide are preferred. Nothing has been said about expectorants, and they are mentioned simply to be condemned, as they derange the stomach and are more or less depressing. If cough is troublesome and painful, cordeia sulphate is the best remedy because it does the least harm. Sometimes much good is accomplished by giving small doses often, as it allays the patient's pain and fear. It should,

however, always be given sparingly and dispensed with as soon as possible. Complications very seldom arise under this treatment, hence will not be discussed. Cerebral complications must be met promptly by cold applications to the head, and mercurials. We must never neglect to be on the lookout for empyema, which of course requires surgical attention; its prompt evacuation under the use of local anesthesia is demanded. Abscess of the lungs sometimes occurs in young children as a result of pneumonia. Many, however, recover in time with a comparatively useful lung.

Under this treatment, of seventy-eight cases, of which record has been kept, one death occurred. The case was seen late, and it is our opinion that the patient was poulticed to death. To sum up, strychnia and alcohol as stimulants; mild chloride, sodium salicylate, and aromatic fluid extract of cascara sagrada as antiseptics and laxatives; freshly made and slightly alkaline liquor ammoniæ acetatis as a diuretic; cold applications to the head and cold sponging for fever and nervous irritability; cordeia sulphate guardedly for pain and cough, and our mortality of the primary pneumonias in children will be almost nil.—*Medicus*.

A Few Etiologic Factors in Displacements of the Uterus,

CLARENCE L. WHEATON, M. D., COLORADO.

"Lest we forget" in our efforts to obtain renown as abdominal surgeons to radically treat the big things pertaining to our specialty, we are prone

to overlook the apparently trifling ailments to which woman at times falls a victim. Any gentleman in the medical profession whose opportunity it has

been to study displacements of the uterus in the large charity clinics of this country or Europe, to note the complications frequently following malposition of this organ, and who have been able to trace cases of chronic invalidism primarily due to this cause, must necessarily be impressed with the fact that we have in displacements of the uterus a subject of exceedingly great importance, not only to the gynecologist, but to the general practitioner of medicine as well. Thomas, in his historical researches, states that displacements of the uterus were recognized by the Greeks and Romans, for in their writings they allude to them most intelligently. Hippocrates Galen and Moschion, in the second century of the Christian era, wrote on this subject.

Hippocrates and Moschion went so far as to describe lateral displacement of the womb, and Aetius, in the sixth century, described methods for the reduction of the retroverted uterus. At the middle of the eighteenth century, malpositions of the pregnant uterus were described, but the flexions and versions of the non-pregnant uterus were overlooked at this time.

To Gartschore, Hunter, Jahn, Des Granges, Saxtorph, Wiltzek, Bodaloque and others we are indebted for valuable contributions to the literature on this subject, during the earliest periods of its recognition. The essay of Saxtorph, written in 1775, entitled "*De Ischuria ex utero retroflexo*," exhaustively describes a case of flexion of the uterus with autopsy. About this time Wiltzek's essay appeared under the

title "*De utero retroflexo*," in which he describes a case of displacement of the non-pregnant uterus. The subject now became one for general discussion throughout Europe.

In France and England numerous essays were read before the leading medical societies, notably the Academy of Surgery at London.

Denman, in 1880, described the first case of flexion of the non-pregnant uterus, ante-flexion not being described till 1827, when M. Ameline of France, wrote upon the subject with a description of cases.

Other eminent men of the times soon added to the knowledge of the subject, which now received universal recognition. About this time the sound, as a mechanical measure for reduction of the displaced uterus, came into use, which added further knowledge to the subject. Hysteria, paralysis and many other constitutional disturbances were by the ancients attributed to displacements of the uterus.

Until 1854, the belief generally prevailed that a uterus in malposition was a prime etiologic factor in the production of numerous constitutional disturbances; such men as Velpeaux, Simpson and Vellieux supported this theory. In the Academy of Medicine at Paris opponents to the theory arose and many spirited discussions resulted; Depaul, Bennett, Arayan, Becquerel and others taking the negative stand.

They maintained that "displacements of the uterus unaccompanied by textural lesions were not the cause of constitutional disturbance, created no disturbance at all and were not worthy

of the treatment bestowed upon them," they were opposed to the use of mechanical measures as a method of repositing the organ, and in many ways differed concerning the views of the other school.

No less eminent a man than Scanzoni stated that flexions of the womb do not acquire any importance nor are followed by any serious lesions, save when they are accompanied by an alteration in the texture of the organ. Who knows, who can say when a misplaced organ will undergo a pathological change. Yet our clinical experience teaches us that even in the absence of morbid signs we err on the side of wisdom to replace the uterus in malposition.

The diagnosis of a retroverted uterus, with absence of other symptoms, we occasionally make; in fact, the uterus in a state of complete prolapse, I have observed without the production of other morbid symptoms. These cases are, however, of such infrequent occurrence that they teach us very little save perhaps the great resistance of the human economy in certain individuals. It has been correctly stated that the uterus in the virgin, with an empty bladder and rectum lies with its fundus behind the symphysis pubis, with the os uteri two centimeters, or approximately four-fifths of an inch, anterior to the sacral promontory; two imaginary planes now passed through the cervix and vagina would form a right angle. In women who have borne children this angle is said to be more acute; in the erect posture the long axis of the uterus is horizontal.

Post-mortem findings as to the relative position of the uterus are of little value as the cessation of intra-abdominal pressure and general relaxation cause change of position of the organ not normally present during life.

We may then, for all practical purposes, consider the position given above as constituting the normal, allowing for slight deviations, following a full or empty bladder or rectum. The sustaining influences, which in a mechanical way preserve the equipoise of the uterus, are the ligaments attached thereto, as follows:

The round ligaments, the utero-sacral ligaments, the utero-vesical ligaments and the broad ligaments; the latter tending in a great measure to prevent lateral and posterior displacements of the uterus. The walls of the abdomen and their relation to the contained viscera, the pelvic areolar tissue, with its attachments to the adnexa, also in a mechanical way exert their influence as a means of uterine support. Any influence which by increasing the weight of the uterus, or enfeebling its support, as, for example, new growths in the canal, stroma or adjacent to the organ will, by traction or direct pressure, cause its displacement. The congestion of the uterus present or following a metritis, tumors, pregnancy and sub-involution are all powerful factors, increasing the weight of the organ above normal, and this in addition to gravity favoring displacement.

The rupture of the perineum, which most frequently is accompanied by

rupture of the posterior vaginal wall, over distention of the vaginal wall following parturition, or from subinvolution resulting in its general weakening and loss of function. Prolonged and gradual tension on the ligaments of the uterus during pregnancy, as well as the gradual distention of the abdominal wall, resulting in an impairment of its sustaining power, are all influences which tend to weaken uterine support and predispose to displacement of the uterus. Abdominal tumors, fibroids in particular, by direct pressure, displace the uterus, while in their absence a most prolific cause may be found in tight lacing, so common in women who are susceptible to the fads of fashion and desirous of beautifying their form beyond the limits intended by nature. Uterogestation and parturition probably predispose to displacements more than all other factors combined.

Disturbances in the process of involution, which is frequently interrupted, create a tendency to displacements. Retrograde metamorphosis, so-called, becomes arrested; the uterus instead of returning to normal becomes patulous and heavy, the uterine ligaments remain lax and weak; this condition, with a weakened if not lacerated perineum, all tends toward prolapse and malposition of the organ.

Cervical flexion differs in slight degree only from corporeal; tight clothing forces the uterus down in the vagina and at the point impingement of the uterus at the vaginal vault, the organ is forced forward and there retained; should constipation be habitual

in the patient thus affected, we will find this to be one of the most intractable of all the displacements to successfully treat.

Inflammatory products, involving the mucous membrane at the neck of the uterus, frequently create an areolar hyperplasia in the parenchyma of the organ; this resulting hyperplasia is followed by muscular atrophy, also involving the sub-mucous fibrous structure of the uterus; this is finally replaced by hypertrophic areolar tissue, causing a transition, as it were, in the structure of the organ.

So much then for the brief and general consideration of the active and predisposing factors in displacement of the womb. Malposition of the entire organ or a change in the continuity of the same, having as an underlying cause the factors mentioned resulting in flexion or version, is not all uncommon.

Velpeux had so often observed anterior flexion of the uterus in healthy women that he considered it a normal condition, and in 1849 read an elaborate paper before the Academy of Medicine at Paris endeavoring to prove his assertion.

Boulard found anteflexion to exist in 80 female foetuses and in 47 adult female. Verneuil and Follin subsequently confirmed this observation.

In 339 displacements, Nomat found 67 flexions; Meadows, in 84 displacements, reports 54 flexions.

My own table of cases, from the Chicago Polyclinic and St. Joseph's Hospital, records 60 flexions out of a total of 300 displacements.

Scanzoni, in 54 cases tabulated of flexions, 46 anteflexions and 8 retroflexions. Hewitt, in 296 cases of flexion, found 184 anteflexions and 112 retroflexions. Nonat, in 67 cases of flexion, found 33 anteflexions and 14 retroflexions. Out of 1,670 cases of flexion, Ludwig Joseph of Breslau reported 1,100 anterior and 570 posterior.

Statistical evidence as to uterine displacements is not wanting. The sequelæ following flexion and version of this one of the female organs of generation are familiar to us all, venous stasis and uterine engorgement following flexion, with all its accompanying disturbances.

The almost constant backache of retroflexion present among the working element in the humbler walks of life, rectal tenesmus, neurotic disturbances, impairment of locomotion, menorrhagia, a predisposition to abortion, pain on sexual intercourse, pelvic and cerebral neuralgia, dysenorrhœa and sterility.

The long train of conditions pathologic is familiar to us all. It is only actual suffering that brings these patients under our observation.

Can we not, as general practitioners, or as gynecologists, diagnose these abnormal conditions earlier and perchance save those members of the weaker sex from the pitfall of chronic invalidism?—*Denver Med. Times.*

Recent Methods of Treatment for Trachoma (Granular Lids).

Hans Adler (*Weiner, Medizin, Presse*) says trachoma is undoubtedly of bac-

terial origin, although the bacillus has not yet been isolated. Passing over his remarks upon preventive treatment, the author divides the treatment into three groups—1, medical; 2, mechanical; 3, operative.

1. Medical treatment—He mentions here carbolic acid 2 per cent, ichthyol, pyoktanin, iodoform, creolin B, naphthol resorein, but favors corrosive sublimate 1-5000 to 1-1000 as the most effective.

2. Mechanical treatment—Rubbing the conjunctiva with a swab saturated with corrosive sublimate solution 1-7000 is often effective. The treatment by galvano-cautery is also favorably spoken of. Under cocaine the operation is almost painless, and can be done without an assistant. The after treatment with copper is very efficient.

3. Surgical Treatment—Excision is mentioned, the use of Schroeder's metal brush, and the bristle brush of Abadie. But the squeezing of the granules out by Knapp's roller forceps is spoken of as one of the best methods.

After mentioning all these remedies, Adler concludes by speaking of the old remedy, *lapis divinus* (made by fusing together 32 parts each of copper sulphate, potassium nitrate, and alum; then adding to the mixture 2 parts of camphor and alum), as one of the important means of treatment especially if used early.

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C. W. Jamison, M. D.
Point Pleasant, W. Va.

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Geo. G. Gere, San Francisco.	F. B. Mitchell, San Francisco.	Geo. D. Rich, Sonoma.
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CALIFORNIA MEDICAL JOURNAL,

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Editorial Notes.

We are glad to note that several new names were added to the students' roll when lectures were resumed in January.

Dr. G. W. Harvey, '94, enjoyed a brief visit in this City during the holidays. He wishes to leave Watsonville soon and would be glad to correspond with some physician with a view to the disposal of his office fixtures, etc.

Dr. J. B. Baker, of Amador City, called on us recently. He is not in good health, and is looking for a location nearer to the Coast.

Dr. S. H. Weitman, '00, one of the most successful of our recent graduates is doing a big business at Cottonwood. During his recent visit to this

city he purchased an up-to-date table and other office equipment.

Dr. G. D. Rich, of Sonoma is returned from his wedding trip and is kept busy with his practice. In fact his time is so much occupied that he has been forced to discontinue his lectures in the college, much to the regret of the students with whom he was a great favorite.

Dr. F. L. Burleigh, '89, was a welcome visitor early in January. He has for several years been chief surgeon on the Needles division of the Santa Fe R. R., and came to this city to examine the passengers who were injured in the recent collision.

Dr. B. N. Childs, '95, who has been located at Petrolia for several years, has given up practice for a short time.

He will remain in this city and take up some special work in operative surgery and may locate here permanently.

Dr. W. M. Forster, '98, sailed for Central America on January 8th. He has some extensive and valuable mining interests in Costa Rica and will probably do very little practice. We are glad to chronicle his almost complete recovery from his interview with the Berkeley local.

Dr. S. P. Cavanagh, who was well known to many of our older students, died recently of pneumonia. He was a graduate of Cooper Medical College in the class of '93, and had been located for a number of years at Olema, Marin Co.

Dr. E. H. Goyer, '93, familiarly known as "Forty," is now located in Eureka.

According to official reports a serious loss is being suffered by the City of Boston and its numerous suburbs because of the epidemic of small-pox which seems to be increasing in extent.

Apropos of nothing in particular it seems to us rather strange that the Russ House, one of our largest hotels, in which a virulent case of small-pox was discovered recently was not placed under at least a few days' quarantine. The guests after being vaccinated were allowed the freedom of the city, and the business of the hotel was carried on as usual after the patient had been removed to the pest-house. Compare this with the action of the health officials when a case was discovered in one of our hospitals some two years

ago, and then ponder upon the great power of political influence in this city.

Dr. J. W. Ward, Dean of the Hahnemann College, has received his appointment as a member of the local Board of Health. With a few more such men as health officers we would be secure against another "visitation" of the bubonic plague.

The first meeting of the Egyptian Medical Congress will be held at Cairo from the tenth to the fourteenth of December, 1902. The work will bear especially upon the affections peculiar to Egypt and the means of preventing the epidemics which regularly menace the Mediterranean ports. The preliminary program which we have received shows some good papers by prominent Continental practitioners, and with the aid of this early notice, it is hoped that much valuable work may be accomplished at the convention.

Dr. N. A. Young, of Los Angeles, Cal., writes the Troy Chemical Co., Troy, N. Y., as follows: "I think I gave the sample of Pixine you sent me as hard a rub for its reputation as it generally gets, and will cheerfully say that it more than met my expectations. I used it in two cases of chancroid after cauterization, and was surprised with the rapid healing and cure which followed. I predict a great popularity for Pixine when physicians generally become acquainted with its happy results. While bland and soothing, it penetrates, and I am satisfied it is an ideal ointment, great as an antiseptic and unexcelled as a healer. I shall never be without it in my practice."

*Book Notes.*

ALL BOOKS reviewed in these columns may be examined by prospective purchasers, at the JOURNAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price of all books.

Sexual Inversion—By Havelock Ellis. Published by F. A. Davis Co., 1914 Cherry Street, Philadelphia.

Some months ago we had the pleasure of reviewing an earlier work upon the "Evolution of Modesty." "Autoerotism," etc., by the same author. The book which now demands our attention is written in the same elegant style, with all vulgarity carefully eliminated and the subject of Sexual Inversion is discussed from a coldly scientific and technical view-point. No attempt is made to attain eloquence or indulge in sermonizing. It is a purely scientific treatise, written by a scientific man and for the perusal of scientific readers. It is an interesting subject and no physician of many year's practice has been without experience in dealing with patients suffering from some form of sexual inversion. The delicacy with which such patients must be handled, the care and shrewdness which they often employ to conceal their vices, and the indignant denials with which the suspicious physician is often met when he suggests the probability of some perverted practise make these cases not only particularly interesting but usually unpleasant to deal with. Such being the case we should welcome every technical treatise which serves to throw new

light on the psychological phenomena which are manifested in these unfortunates. The author has illustrated every variety of inversion by letters or statements from the patients and it is astonishing how these inverts almost unanimously express the opinion that there seems to them to be nothing odd or immoral in their means of gaining sexual satisfaction. This is a peculiarity which is worthy of attention.

We might go on and bring to the notice of our readers many of the good features of this book, but space will not permit. Suffice it to say that it will prove interesting to all, and of great practical worth to any physician who has the breadth of mind capable of appreciating that we are not all cast in the same mold, and that "morality is largely a matter of climate."

The Pocket Gray—By the late Edward Cotterell, F.R.C.S. Fifth edition, revised and edited by C. H. Fagge, F.R.C.S., Senior Dem. of Anatomy, Guy's Hospital, Lond. Published by Wm. Wood & Co., New York. Price \$1.25, prepaid.

This little book is now in its fifth edition and it is so far ahead of any of the so-called "compends" that it bids fair to become in truth the *vade mecum* of the anatomist. There are no cuts of any sort but the lucid text and well arranged diagrams almost reconciles one to this deficiency. The best thing we can say is, that it is correct, and that is more than we have ever been able to say of any other pocket edition. We commend it to students who do not wish to be burdened with the larger Gray. They will find in this

little book all the information upon anatomy which they will require in their college work.

Neurological Technique—By Irving Hardesty, Ph.D. Instructor in Anatomy in the University of California, formally Fellow and Assistant in Neurology in the University of Chicago. 180 pages, 8vo., illustrated; cloth, net, \$1.75; postpaid, \$1.85. University of Chicago Press, Chicago, Ill.

A book containing the most modern applications of eighteen necessary methods for the preparation and study of nervous tissue, together with a laboratory outline for the dissection of the central nervous system and a classified list of the authorized neurological nomenclature, arranged with reference to the order in which the structures are usually taken up in the laboratory.

A brief explanation is offered of the need for and action of reagents upon the tissues and some general instructions are given for the removal and handling of the tissues and for the manipulation of the apparatus. The methods given are those especially devised for and absolutely needed to demonstrate the different structures described for the nervous system in the more modern text-books and recent neurological literature. In addition to certain of the older methods in common use, such as Kupffer's method, the Pal-Weigert, the Golgi, and the gold chloride methods with their most recent and efficient modifications, there are also given the Nissl method as it is now employed, the methods of Marchi and Stroebe for degenerating and regenerating nerves, the methods

of Apathy and Bethe for "Neurofibrils" applications of methylin-blue *intra vitam* stain, the methods of Weigert and Mallory for neuroglia, and the Giacomini and Kaiserling methods for museum specimens. Special attention is paid to nerve tissue preserved in formaldehyde.

In every case the formulæ for the special reagents required are given with a statement of the amounts necessary. The various steps in each procedure, together with the times required are given in such detail that one may apply the method who has had much less experience in technical manipulation than is presupposed in the directions given for the histological technique in any other book.

The book and the form of treatment is the direct outcome of what actual experience in the laboratory has proven necessary.

Dose-Book and Manual of Prescription Writing—By E. A. Thornton, Demonstrator of Therapy, Jefferson Medical College. Published by N. B. Saunders & Co., Philadelphia. Price in flexible covers, \$2.00.

During the years just following graduation every physician feels the need of some book of handy reference which will help him to write his prescriptions in a style which will not cause his pharmacist to smile at either the case endings or doses, or both.

Although we believe that prescriptions as a rule should be written in English, yet we doubt very much if this will ever be the custom, and the young physician must know his Latin. One advantage of this very complete

little volume is that the metric system is given equal prominence with the apothecaries' schedule. All of the official drugs and preparations, and many of the newer remedies and synthetic products are given with their doses and a brief description. The book is bound in flexible Morocco covers with gold lettering and is well printed.

The old physician will smile with derision at such a book. Never mind; let him smile. The young man needs it and we predict a heavy sale. The book is now in its second edition.

Jonathan Hutchinson, F.R.S., General Secretary of the New Sydenham Society, has requested Messrs. P. Blakiston's Son & Co., of Philadelphia, the American agents of the Society, to announce the publication of "An Atlas of Clinical Medicine, Surgery and Pathology," selected and arranged with the design to afford, in as complete a manner as possible, aids to diagnosis in all departments of practice. It is proposed to complete the work in five years, in fasciculi form, eight to ten plates issued every three months in connection with the regular publications of the Society. The New Sydenham Society was established in 1858, with the object of publishing essays, monographs and translations of works which could not be otherwise issued. The list of publications numbers upwards of 170 volumes of the greatest scientific value. An effort is now being made to increase the membership, in order to extend its work.

Grippal Cough-Laryngitis-Bronchitis.

In these affections, antikamnia is indicated for two reasons: First, because of its absolute power over pain; at once removing this element of distress and placing the whole system in the best possible condition for a speedy recovery. And second, because of its power to control inflammatory processes, lowering the fever by its peculiar action on the nervous system. Codeine is strongly indicated because of its power as a nervous quietant, often quickly and completely controlling the cough. In nervous coughs, irritation of the throat, laryngitis, bronchitis and phthisis, where the cough is altogether out of proportion to the amount of expectoration, Antikamnia-Codeine tablets will give prompt satisfaction.

An Up-Builder in Post-Grippal Cases.

The *Mass. Med. Journal* says: Very many of our readers know, by reputation, at least, Dr. A. H. Ohmann-Dumesnil, one of the foremost physicians of St. Louis. From a letter of recent date we are permitted to quote the following, which we do with pleasure. "I needed a reborant, and took, with much benefit to myself, Hagee's Cordial of Cod Liver Oil Compound. Since then I have had occasion to use it in a number of cases of grippe, and in all of them the results were of the best. The action of this preparation is rapid and thorough; and in a remarkably short time a case is recovered. It is certainly the remedy par excellence for this now prevalent affec-

tion. In a number of post-grippal cases in which enteric neuralgia, bronchial involvement, and a number of nervous symptoms manifested themselves I have found this preparation equally effective. It is an excellent up builder, and rapidly restores to its former condition the weight which has been diminished by the waste of tissues consequent to grippe."

This is certainly very high praise and from an eminent authority.

In ordering an iron preparation I always turn with confidence to Pepto-Mangan (Gude), since it fulfils all requirements.

Dr. E. Munk,
Medical University.

Mahe Neustadt, August 22, 1901.

"I feel no hesitation in placing Hagee's Cordial Ol. Morrhue Comp. at the head of the list of cod liver oil preparations. It is palatable and easily assimilated, and I can conscientiously recommend it in tubular and neurasthenic conditions."—W. F. Sterman, M. D., Winterset, Iowa.

To Restore a Drunkard.

Half a teaspoonful of ammonium chloride in a goblet of water, it is stated, will almost immediately restore the faculties and powers of locomotion to a man who is helplessly intoxicated. A wineglassful of strong vinegar will have the same effect.

I have no hesitation in saying that I consider Peacock's Bromides invaluable and have for years used it exclu-

sively in my Sanatorium when bromides were indicated. Commercial bromides are crude and rank as compared with Peacock's. The greatest danger of injury to the patient and the product lies in substitution. I now only buy from my wholesale druggist in dozen lots.

Allan Mott Ring, M. D.

Arlington Heights, Mass.

Ocular Massage.

A system of eye-massage claiming to ameliorate and cure near-sightedness has been successfully used by Professor Dion of Paris (H. Wells Woodward, *Jour. of Ophthal., Otol. and Laryn.*). The Dion method is not practiced with the hands or fingers, but by a specially constructed scientific instrument designed to give a graded amount of pressure on the eye balls, alternating with relaxation. This instrument resembles a large trial-frame with two sliding cylinders extending forward, between which is a dial registering the position of the cylinders, or, when adjusted, the amount of pressure upon the eyes. The pressure is regulated by a thumbscrew. The instrument is carefully adjusted so that the pressure is made in the line of the visual axis upon the closed eyelids. When it is in perfect position the treatment is not painful, although generally attended by an appearance of lights before the eyes, varying in color, more often white, but sometimes red, yellow, green or violet. At times there will be circles of light, stars and checker-board effects but they all soon pass away leaving no

discomfort whatever. The treatment lasts about three minutes.

The first intention of the originator of this method was to treat myopia only; but he now uses it in all cases having defective vision. Personal experience with this method has not been extensive but the results obtained have been very gratifying.—*Ex.*

I am more than pleased with the physiological action of Seng in the treatment of chronic indigestion. It seems to nicely restore the action of the stomach, re-establish perfect digestion and its good effect is quickly evidenced by the general improved appearance of the patient.

J. Carl Ludwig, M. D.
Cincinnati, Ohio.

Treatment of Atrophic Rhinitis.

Prof. Beaman Douglass states that the complete removal of the scabs and the cleaning of the nares and pharynx constitute an important part in the symptomatic treatment of this disease. Patients should be made to understand that the physician should see them every two days, or, better, daily; that all scabs can only be removed by cotton dipped in some solution and carefully applied to loosen. Every nook, furrow, and fold must be carefully searched. Patients realize only too well that the douche does not remove these scabs. The best results are obtained from the use of an antiseptic and deodorizing solution, applied twice daily, followed by the medication chosen, and on alternate days these cases should be carefully cleansed

at the physician's office. A spray of hydrogen peroxide (1 to 10 or 1 to 20) seems to soften and loosen scabs well, and is both an antiseptic and deodorizer. After complete spraying, wait a couple of minutes, and then wash out with warm, normal saline solution, used in either the nasal syringe or douche-bag. This spraying and douching can be repeated until a quart of water has been used. When the odor is very offensive, a solution of mercury bichloride (1 to 10,000) may be used with the saline solution. The use of trichloroacetic acid (1 per cent. solution for home use and 2 to 5 per cent. solution for office use) sometimes acts favorably, but according to Douglass it is less satisfactory on the whole than other methods. With citric acid the author has had no experience.

Ichthyol is a drug which gives the greatest relief. Nearly all laryngologists agree that it is the most valuable remedy for the relief the most disagreeable symptoms, and the best stimulant for the mucous membrane. Douglass employs ichthyol in three ways: First, by means of a 10 to 20 per cent. aqueous solution applied on a large pledget of cotton and introduced into the nares upon the atrophied areas. As soon as the nares have been cleansed the pledgets are introduced and the patient allowed to wait for fifteen to thirty minutes, after which the pledgets are removed, and the oily sprays are used to conclude the treatment. When there is ulceration, or persistent flow of pus, ichthyol in full strength may be rubbed directly into the parts. Ichthyol on cotton,

wound on a probe, is gently rubbed for four or five minutes into the atrophied mucous membrane.

The third method of using ichthyol is by means of a salve:

Ichthyol 40 grn.

Menthol 5 grn.

Petrolatum 1 oz.

To be used after cleansing the nostrils, and at bedtime.

The patient is directed to insert a piece as large as a bean, and then to snuff it back. When the odor is intolerable, as arises from necrotic bone, orthochlorphenol in solution with glycerin, of the strength of 10 to 25 per cent., seems to work well. In 10 per cent. solution it is a strong stimulant. In solutions of 25 per cent. it is a decided cauterant, the great objection to its use being the odor of phenol which it possesses. It must be used with caution.—*Phil. Med. Jour.*

You'll be interested in looking up our premiums.

Effect of Alcohol on Digestion.

J. A. Storck finds from his experimental work that laboratory experiments in this line generally agree. Small quantities of alcohol favor salivary and gastric digestion; large quantities inhibit salivary gastric and pancreatic digestion. Alcohol, whisky, gin and brandy are less harmful to the digestive processes than are malt liquors and wines. The continuous use of alcohol as a rule is harmful, unless given well diluted. Strong alcoholics should never be given when

the stomach is free of food. Alcohol is a valuable food disease; requiring no primary assimilation, it yields force rapidly to an exhausted system, and, in small quantities, it promotes appetite. It is well to bear in mind that the purer the whisky or the brandy, the less liable it is to produce digestive disturbances. According to Dujardin-Beaumetz, the toxic effects of the alcohols increase with the sum of their atomic weights, with the exception of the highest and the lowest. Finally, it is true, as Wood says, that: "Science in no way contradicts the experience of every bon vivant that the small doses of alcohol increase, and large amounts interfere, with the activity of digestion."—*New Orleans Med. and Surg. Journal.*

Removal of Powder Stains.

The removal of powder stains is generally considered impossible, yet it is often a cosmetic necessity for which the physician may gain a handsome fee in event of success. In recent cases the free and repeated application of pure dioxide of hydrogen will generally prove satisfactory. In cases of longer standing, paint the surfaces with ammonium iodide, one ounce; This solution will gradually change the black stains to a reddish color; after the red tint develops, paint the surface with a solution of dilute hydrochloric acid. It will be understood that the latter treatment is only applicable to cutaneous surfaces; but the peroxide may be used freely on mucous surfaces.—*The Medical World.*

The Mosquito.

E. G. Williams, Richmond, gives the following as the life-history of the malarial parasite in the mosquito:

Instead of the parasite multiplying by the formation of spores as in the blood, the parasites, which are taken into the stomach of the anopheles, develop into two forms, one having projections or flagellae, the other without them. The flagellae break off from the one and fuse with the other form. The union of the two constitutes the fertilization of the organism. The fertilized organism now attaches itself to the wall of the stomach and penetrates the inner coat, locating itself just outside the muscular coat of the stomach. It now increases rapidly in size until, eventually, it becomes five times as large as at first. It is now known as a zygote. Upon the surface of the zygote clear spaces which are called centromeres, begin to appear. These centromeres are soon surrounded by minute, short, dark lines which, under a very high power of the microscope, are seen to be spindle-shaped cells known as blasts. The blasts increase in size until they fill the entire zygote, obscuring the centromeres. Then the zygote bursts and the blasts are liberated through the muscular wall of the stomach into the body cavity of the mosquito. The blasts are very active, and penetrate into the tissue of the salivary duct, and so into the proboscis of the mosquito. With the saliva or poison, they enter the blood of the next warm-blooded animal that the mosquito bites. The time required for

the development of the blasts in the mosquito is about twelve days. It is supposed that the blasts enter the red blood corpuscles, and as the hyaline form of the malarial plasmodium, the development proceeds.—*Gaillard's Med. Journal.*

The "Love Parasite."

A California physician who discovered a new disease—love madness—has been experimenting with the person afflicted therewith and has produced the "love parasite," or bacillus micrococcus. This he cultivated up to the twentieth generation, and with the parasites of that generation he inoculated a number of subjects. The inoculation was invariably successful, symptoms of the disease appearing a very short time after the operation. A bachelor, aged 50, on the first day after the inoculation, had his whiskers dyed, ordered a new suit of clothes and a set of false teeth, bought a top buggy, a bottle of hair restorer, a diamond ring and a guitar, and began reading Byron's poems.

The inoculation produced symptoms of the same nature in a young lady of 45. She spent \$5 at a drug store for cosmetics, bought a lot of new hair, and a croquet set; sang "Empty is the Cradle," sent out invitations for a party, and complained that Chico young men do not go into society. An inoculated youth of 17, employed in a country store, did up a gallon of molasses in a paper bag, and also, in a fit of absent-mindedness, put the cat in a butter tub and threw some fresh

butter out of the window. Finally, he sat in a basket of eggs while looking at a photograph of a pretty girl, and was discharged for his carelessness. The Chico doctor is still experimenting, and will soon lay the result of his observations before the medical world.

—*Ex.*

Sanitarium and Sanitorium.

At the recent meeting of the Michigan State Medical Society at Battle Creek, the members were entertained by both the Battle Creek Sanitarium and the Phelps Sanitorium. This led to much discussion, facetiously and seriously, as to the derivation and difference in meaning of the two terms—sanitarium and sanitorium. It was suggested that there being two similar institutions in the same town, it was desired to have differentiating names—hence the use of the two terms—and that the remaining vowel would be utilized in naming other like institutions should they be built there—for example, saniterium, sanitirium, saniturium. Another explanation was that the vowels “a” and “o” were used in the respective names to indicate the relative location of each institution from the center of the city. The Sanitarium being nearer used the first vowel of the alphabet.

The Standard Dictionary gives “sanitorium” as a corrupt form of “sanitarium.” The Century Dictionary does not recognize the term but gives “sanitory” as an erroneous form of “sanitary.” But, notwithstanding this, the word “sanitorium” has come to stay

and is restricting the meaning of “sanitarium.” The English language is a live language and is constantly undergoing changes, new words being added and old words being dropped or modified in meaning. “Sanitorium” is derived from the Latin verb “sano, sanare,” which gives the root “sanitor” and means “to cure or heal.” Hence, a sanitorium is an institution for the medical or surgical treatment of the sick. Sanitarium is from “sanitas,” health, and, recognizing the two words, is to be employed specifically to designate a health resort for convalescents and for general recuperation—a healthful place of rest. The word is then analogous in meaning to the German “Heilanstalt.”

The Government hospital at Fort Stanton for the treatment of consumptive sailors has been given the name “sanitorium” by the U. S. Marine Hospital Service. The title “Sanitorium” has also been adopted by the Massachusetts State Institution for the treatment of consumptives. Besides, there are numbers of private institutions using the title “sanitorium.” The term must now, perforce, be recognized and given a definite place in our vocabulary.

The Nipples.

The recently parturient woman is very sensitive in every respect; and if the nipples need attention, it is well to use applications which are not repulsive in odor or application, and are not unnecessarily painful. Among these may be mentioned tannated

glycerine, sweet oil, and lanolin; the two latter may also be tannated. Attention to nipples should be given months before confinement. It is generally well known that no medicinal agent or combination will heal a cracked or ulcerated nipple when a babe nurses every two hours; and when these neglected cases are seen we would better use the nipple shield temporarily, with mild antiseptic unguents, and hope that kind Nature may heal the tender tissues. It is always to be remembered that no actively poisonous antiseptic should be used, and that explicit directions be given as regards washing the nipple every time before nursing, with boiled water and clean soap. A little care will prevent a mountain of trouble for the physician, and untold suffering for the mother.—*The Medical World*.

Don'ts in Twentieth Century Surgery.

1. Don't probe for a ball. Nature will find it.

2. Don't cut away any integument. Scraps make mighty nice job lots in the end.

3. Don't destroy a piece of bone, if tissue to cover it is obtainable.

4. Don't deny Nature a chance to assert her rights.

5. Don't let severed fingers and toes lie on the ground to perish. Stitch them in place; try moist antiseptic dressing and watch results.

6. Don't forget that blood clots will replace expended superficial and deep structures, even nerves, veins, arteries and bones—when properly used.

7. Don't hurt a patient who is already hurt.

8. Don't attempt any operation without a full knowledge of the anatomic surroundings.

9. Don't waste time while operating. Remember Davy Crocket's axiom however.

10. Don't believe minor operations are not as dangerous as major ones. The prick of a pin has laid many low.

11. Don't use the knife if you can use anything else. Good judgment is oftentimes better than good cutting.

12. Don't meddle with your surgical cases. Good eyesight, tactile sensation and an acute olfactory sense are prime requisites to surgical success.

13. Don't trust your surgical cases to any one. It is better for you and your patient to know each other intimately from start to finish.

14. Don't operate on credit. Let it be straightout cash or pure charity.

15. Don't go mad over antisepsis. Operations in hovels have made some surgeons famous, and mortality almost a myth.

16. Don't forget, however, that the doctor can be a surgeon under all circumstances.

17. Don't send your operable cases away. If you need help get it.

18. Don't attempt an inoperable case. Let the patient know the facts. Truthfulness is next to Godliness.

19. Don't use dull instruments or rotten ligatures. You lose your temper in the first instance, and the patient might lose his life in the second.

20. Don't forget to always person-

ally examine the organs of the thoracic and abdominal cavities closely.

21. Don't tell patients too much surgery. Graduates are not made in a day.

22. Don't criticize any man's work. A silent tongue is better than a glass house.

23. Don't do surgery under contract. Let no man hamper your head or your hands.

24. Don't forget that a poverty-stricken wretch is entitled to the same surgical consideration you would give a potentate.

25. Don't lose your head. You want it in the right place when a scalpel is in your hand.

26. Don't waver over unfortunate results. If you would save all, there would be too much demand for your services.

27. Don't borrow too much of the other fellow's thunder. When you can, pay all you have borrowed. You might make some yourself, if you would persevere.

28. Don't wash a granulating sore. You tear down what nature is trying to build up.

29. Don't fail to do your own operation, if you can't do the other fellow's.

30. Don't tell a patient you saved his life. Let him do that.

31. Don't use too much alcohol in your surgical practice. It is a treacherous article in both health and disease.

32. Don't permit a nurse to be the attending physician. She has her place and should know it.

33. Don't call every enlargement a

tumor. Give it some definite name. The growth might rebel.

34. Don't try to think "owly." Patients are not always dazed by pomposity.

35. Don't attempt more than thirty operations per day! Your health will give away under too great pressure.

36. Don't try to remember all of these "don'ts" take your pick! They might help you across a stream—and not change horses at that.

Lucien Lofton, A. B., M. D., Emporia Va. "American Surgery and Gynecology."

Prognosis in the Heart Diseases of Children.

It has impressed me, as it must have impressed every physician who has had the opportunity to see sick children that when they suffer from disease of the heart the prognosis should generally be more hopeful than when adults suffer with heart disease. This is partly because they are more elastic than adults, whose tissues are stiffer and may almost be said to be brittle, and most of all, perhaps, because children who have not attained their full growth have the opportunity for repair during their growth. Injury, or any distortion of the heart that is caused by disease may be effaced as the organ increases in size, for the usual tendency of nature is toward the production of an ordinary type.—*Meigs, Jour. Amer. Med. Asso.*

Delirium of Typhoid — Bartholow has employed a solution of 1 or 2 grains tartar emetic and $1\frac{1}{2}$ grains morphine sulphate to the ounce of cherry-laurel water; a teaspoonful every two or three or four hours.

THE FAMILY LAXATIVE

THE IDEAL safe family laxative, known as SYRUP OF FIGS, is a product of the CALIFORNIA FIG SYRUP CO., and derives its laxative principles from senna, made pleasant to the taste and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co. in securing the laxative principles of the senna by an original method of its own, and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name—**Syrup of Figs**—means to the medical profession “the family laxative, manufactured by the California Fig Syrup Co.,” and the name of the company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine—**SYRUP OF FIGS**. It is well known to physicians that SYRUP OF FIGS is a **simple, safe and reliable** laxative, which does not irritate or debilitate the organs on which it acts, and, being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited.

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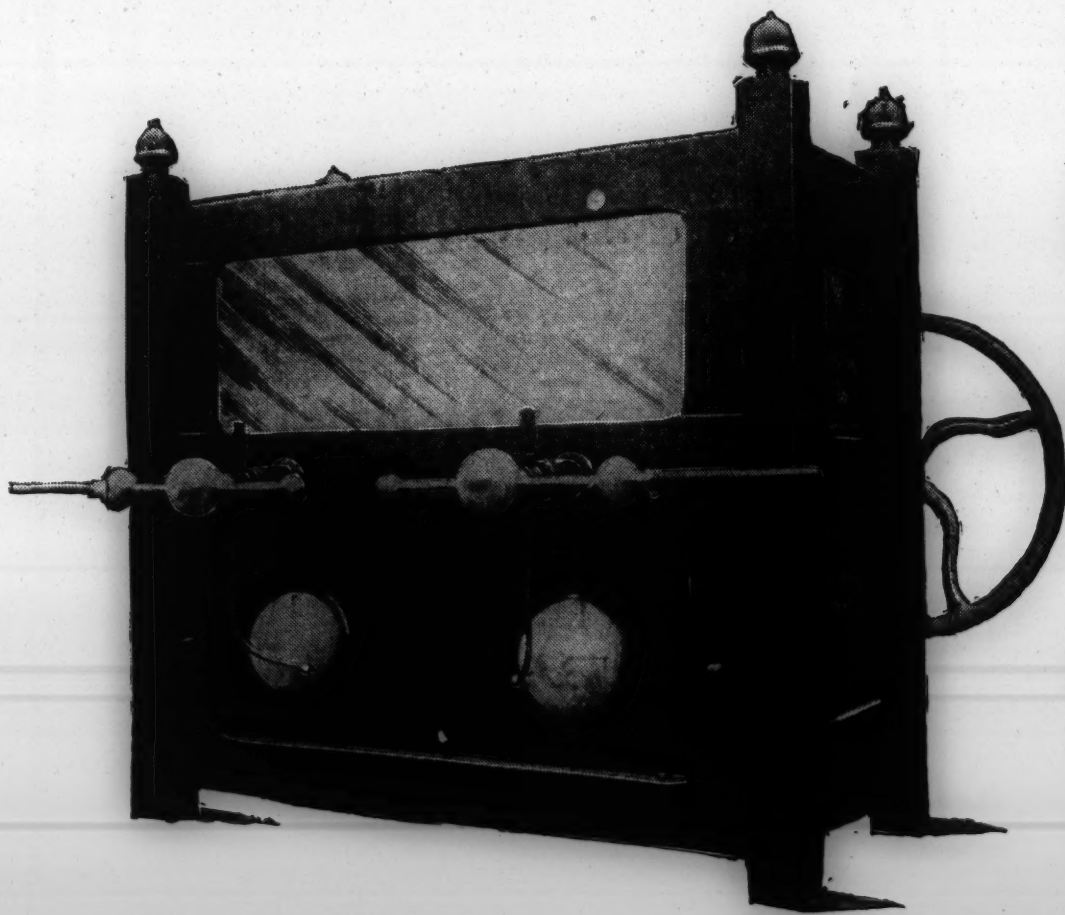
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CALIFORNIA MEDICAL JOURNAL.

The Management of Eczema.

Perhaps there is no department of medicine so closely encircled by the mystic halo of miserable Christo-Medical pedantry, which after all, even to-day, masks and mars the bulk of our therapy as dermatology. That eczema, like any other skin disease, when cured "strikes in," is even among the well-educated so firmly established a view, that it seems almost impossible to uproot it. Henry Waldo (*Brit. Med. Jour.*), outlines a number of common-sense points which cannot be too often repeated. Since the bulk of cases (see Kaposi and others) are not bacterial but irritative cleanliness is of paramount import. The part *must* be washed, but not with soap and water. Water harms by producing local cold through evaporation. A safe fluid to use is the juice of bran, oatmeal or starch, prepared from rain water, and

often it is well to tone it down by a dram of soda to the pint. The area must be washed in this once in twenty-four hours and immediately dried. Local rest is very important. Again, it is well to bear in mind the sympathetic relation which exists between the skin on opposite body sides, a hearty circulation produced in one side which may be healthy gives, by a keen provision of Nature, a similar condition in the opposite, whether diseased or not. Protection of the surface is of great import. Those remedies which yield the best results have been shown to be the best protectors. Internal treatment must not be ignored. Milk, blue pill, aperients, quinine benzo-naphthol are of value. Much alcohol is bad, but Pye Smith considers light ale not alone harmless but useful. As to diet it is well to recall Sir William Roberts' rule that any food which causes discomfort is not beneficial.—*Med. News.*



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CALIFORNIA MEDICAL JOURNAL.

Sodium Succinate in Jaundice.

Dr. Charles F. Hope says that in the treatment of catarrhal jaundice we must remember that it is not a separate disease, but a symptom only. We therefore must address ourselves either to the subacute inflammation of the stomach and duodenum or to the cholelithiasis. The diet is important. Fats, starches, sweets, pastries, and highly seasoned dishes should be reduced to a minimum; lean meats, fruits, milk in moderate amount, buttermilk, lemonade, etc., are to be recommended. Water should be partaken of in abundance, especially the alkaline and saline waters, like Carlsbad, Hunyadi, Apneta or Congress. The bowels should be kept moderately open with calomel, taken every other day; 1 10 grn., with 1 gr. of sodium bicarbonate,

taken every hour until a laxative effect is produced, is the best form of administration. Sodium phosphate as a remedy for catarrhal jaundice has often failed to yield any results in the author's hands. He has also tried a number of other remedies, but the one that has given him most excellent results, and which he recommends in the highest terms, is soda succinate, which has also been warmly advocated by Dr. Waugh. The author gives the succinate in 5-grn. doses, repeated every three hours; the vehicle is water containing some aromatic flavoring.

Change in Life.—In the cases of women passing through the climacteric, in which the action of the heart is always more or less interfered with, the use of cactina pillets will prove a valuable addition to the usual treatment.

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The Earliest Symptoms of Locomotor Ataxia

C. O. Hawthorne (*Brit. Med. Jour*) refers to the fact that this disease may show several ocular symptoms, such as the Argyll-Robertson pupil, ocular paralysis, and optic nerve atrophy. He states that a step forward in our knowledge of the disease has been the recognition of the fact that ocular disturbances may precede the evidences of any special lesion. Primary optic atrophy has been known to precede the special symptoms for several years; and it is not unreasonable to presume that the Argyll-Robertson pupil and an ocular paralysis may each have the same chronological relation. If any two of these eye symptoms are associated together, there is an increased likelihood that the diseased process (even in the entire absence of special

symptoms) is of the locomotor ataxia order. Hawthorne presents a series of thirty cases which he considers support his conclusions. These cases point to the fact that affections of the eye are often the earliest symptoms of locomotor ataxia.

Cerebral Congestion.—I have employed the preparations Peacock's Bromides and Chionia with very good success. Chionia in cases of torpidity of the liver of chronic malarial origin. The Bromides in chronic cerebral congestion usually attending alcoholism. I can only state as to the latter preparation, that I find it superior to ordinary commercial mixtures of bromides which I have been in the habit of prescribing prior to the introduction of Peacock's Bromides.

Brooklyn, N. Y. FR. KAMPER, M. D.

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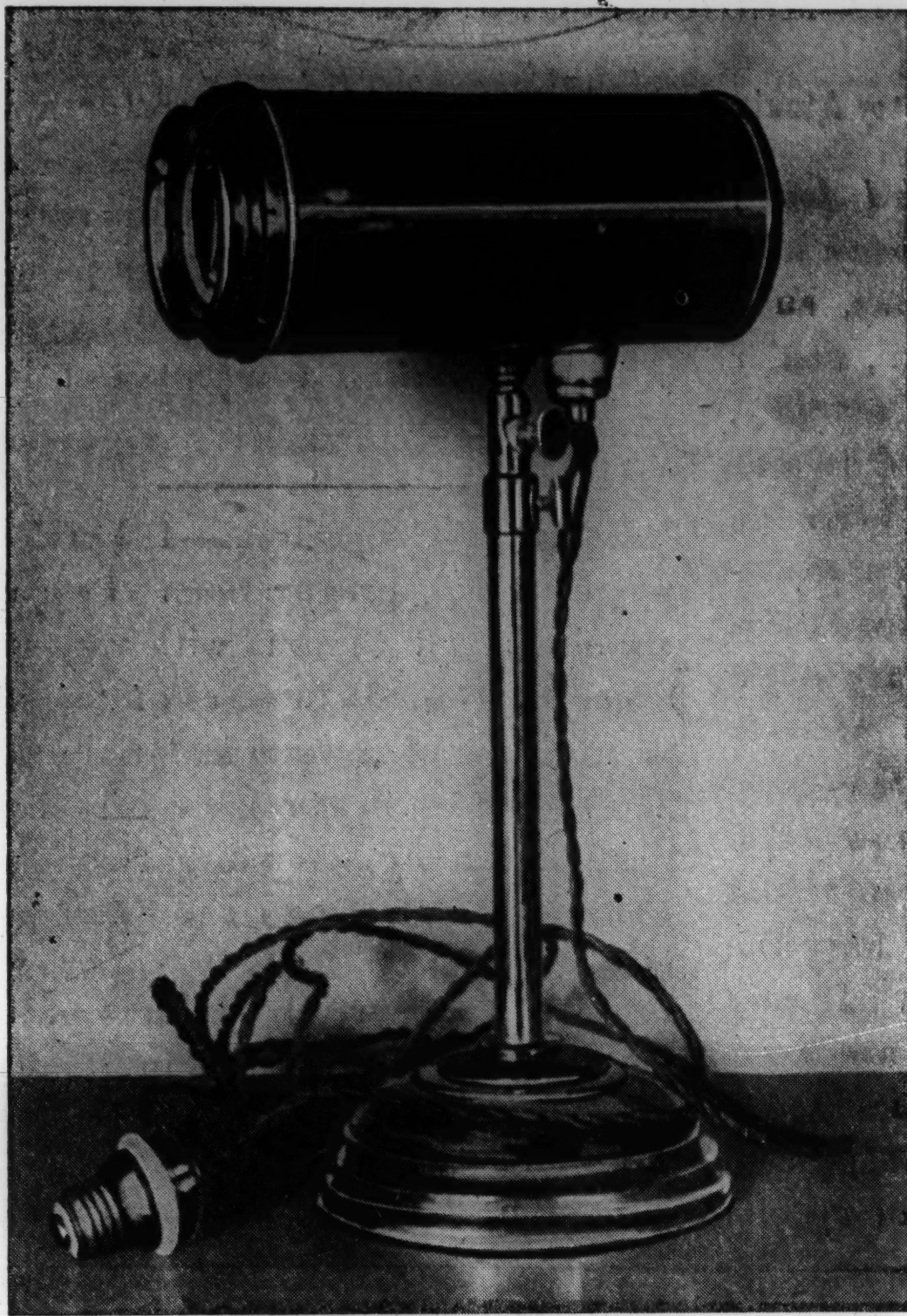
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REFERENCES—Drs. D. Maclean, J. W. Hamilton, Geo. G. Gere, H. W. Hunsaker, J. Harding-Mason, W. A. Harvey, Chas. Clark, W. O. Wilcox, E. H. Byron, J. B. Mitchell, H. Bosworth Crocker.



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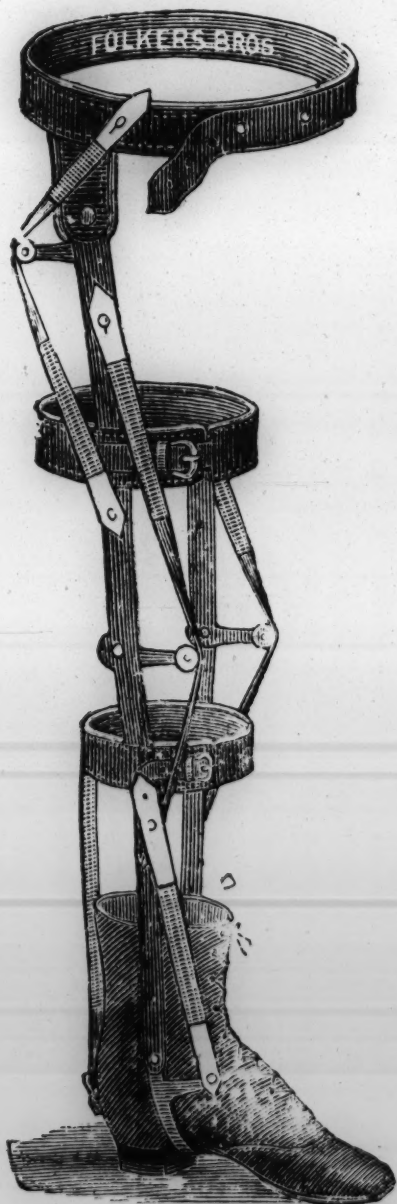
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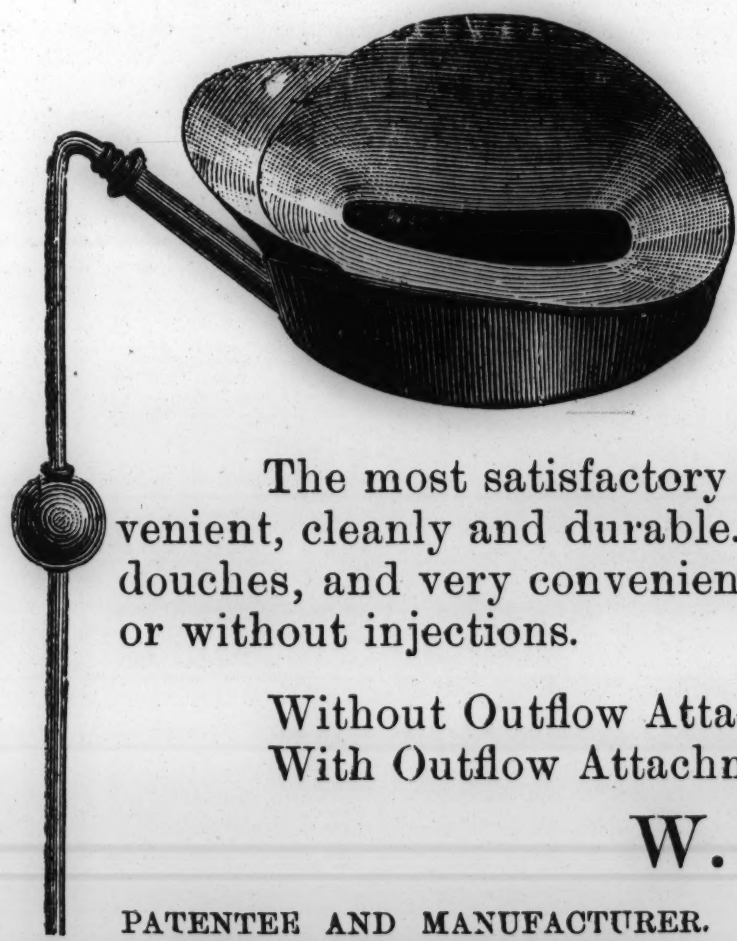
CALIFORNIA MEDICAL JOURNAL.

Formaldehyde and its Antidote.

In view of the rapidly growing use of formaldehyde, it is well to note the fact that the drug is poisonous when ingested in quantity. The statement that it is absolutely non-poisonous, even though so intensely irritating, has been so repeatedly made that many physicians are now prescribing it carelessly. We learned a short time since of a prescription calling for dram doses of formaldehyde internally; the dose would have killed the patient if given. Though so powerfully antiseptic even in dilute solutions, it is not probable that it will ever be found a suitable agent for internal administration. It will prove to be one of the best of moist surgical dressings; costing little; not acting deleteriously on instruments; easily carried and every-

where obtainable; absolutely non-poisonous when used externally; and producing results not exceeded by the offensive iodoform, though absolutely in itself inodorous. Its water-like color, and the extravagant claim above mentioned, will probably lead to neglect on the part of profession and laity in handling the drug with due discretion. The only antidote known as yet is ammonia in dilute solution. The aromatic spirit would be the ideal form to use if at hand.

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The Etiology of Cerebro-Spinal Meningitis.

It has been determined by numerous observations that epidemic cerebro-spinal meningitis is not caused exclusively by the meningococcus intracellularis, but may also be due to the presence of the pneumonia diplococcus of Fraenkel. It also appears as has been elsewhere suggested, that the entire group of micro-organisms which bear an etiological relation to this affection have not all been determined as yet. In a case reported by Zupnik (*Deutsche Med Woch.*) in the fluid contained by lumbar puncture, intracellular diplococci were found which in morphology and in their behavior resembled the meningococcus of Weichselbaum, but in the method of growth on various culture media were significantly different, and seemed to be

identical with or at least closely related to the gonococcus of Neisser. Two other similar observations from different sources are noted by the writer, and to the question as to whether these are two distinct bacteria, the author replies that he considers that both belong to the same natural group but possess different characteristics.—*Centralbl. f. Innere Med.*

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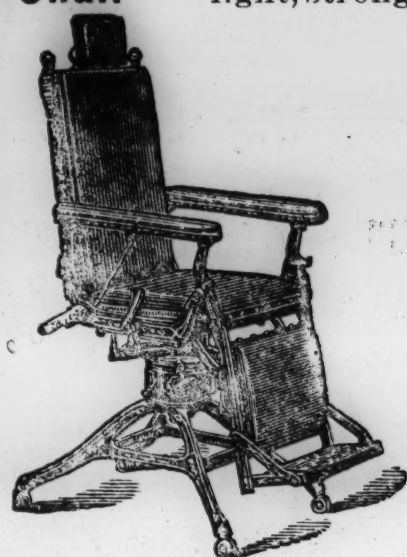


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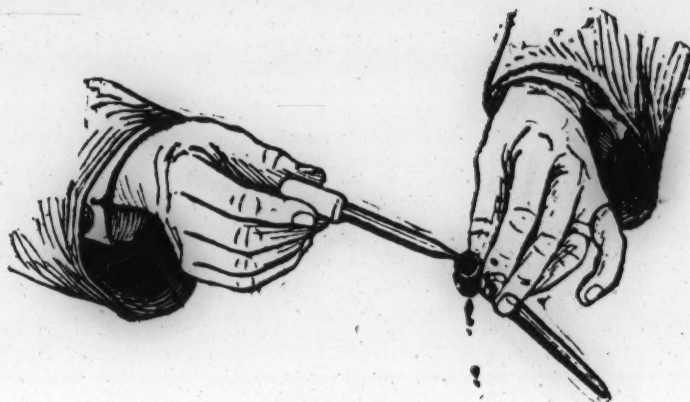
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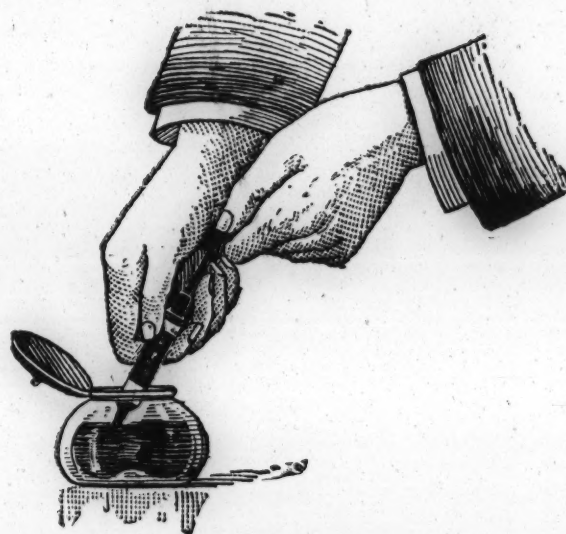


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